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COPY

STANDARD CERTIFICATE OF DEATH
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE OF VITAL STATISTICS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 148
Registrar's No. 1036

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location St. Monica's Hosp (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 3 weeks; In Community Life (Specify whether years, months or days); In Arizona Life

2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa (c) City or Town Phoenix (If outside city limits also write RURAL)

(d) Street No. 101 S. 30th. Avenue; (e) Citizen of foreign country (Yes or No) ; If Yes, which country None

3. (a) FULL NAME JOHN REYNOLDS (b) If veteran name war None (c) Social Security No. None

4. Sex: Male

5. Race: White [X] Indian [ ] Negro [ ] Oriental [ ]

6. (a) Single, married, widowed or divorced: Widowed

6. (b) Name of husband or wife: None

6. (c) Age of husband or wife, if alive ... yrs.

7. Birthdate of deceased August (Month) 13 (Day) 1886 (Year)

8. AGE: Years 60 | Months 10 | Days 7 | If less than one day hrs. ... min.

9. Birthplace Pima, Arizona (City, town or county) (State or Country)

10. Usual Occupation Watchman

11. Industry or Business None

Father: 12. Name Esquere Reynolds; 13. Birthplace Caldwell County, Texas (City, town or county) (State or Country)

Mother: 14. Maiden Name Nancy Norton; 15. Birthplace Salt Lake City, Utah (City, town or county) (State or Country)

16. (a) Informant's own signature Mrs. John H. Reynolds

(b) Address Box 1195, Morenci, Arizona

17. (a) Burial, Cremation or Removal Burial

(b) Place Pima, Arizona (c) Date 6-9-47 19

18. (a) Embalmer's Signature L. M. Mortensen

(b) Funeral Director Mortensen-Kingsley

(c) Address 1020 W. Washington

19. (a) JUN 7 1947 (Date received Local Registrar)

(b) M. Ken Duffy (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 6-6-47, 19 ;
TIME (Hour and minute) 10:20 A. M.

21. I hereby certify that I attended the deceased from May 16, 1947 to June 6, 1947, that I last saw him alive on June 5, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Toxemia

Due to Subdiaphragmatic abscess

Due to Perforated Gastric Ulcer

Other conditions (Include pregnancy within three months of death)

Major findings: Of operations Perforated Gastric Ulcer Subdiaphragmatic Ascess

Of autopsy

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Charles E. Nordum M. D.
Address Phoenix, Ariz. Date signed June 7, 1947

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